Abstract
Post-traumatic stress disorder (PTSD), panic disorder and phobia manifest in ways that are consistent with an uncontrollable state of fear. Impaired memory for elements of the traumatic experience is a core feature of PTSD, and clinical complaints of memory impairment for non-trauma-related stimuli are common. Several studies have documented generalized memory impairment among patients with combat-related PTSD. The underlying mechanism is unclear, but some investigators have implicated stress-induced damage to limbic-temporal lobe structures. However, the etiologic role of stress in learning and memory impairments is clouded by high rates of comorbid psychiatric illness and substance abuse. Neuropsychological studies have consistently demonstrated impaired verbal memory in PTSD. Trauma-focused treatment for PTSD is thought to rely on memory, but it is largely unknown whether treatment outcome is influenced by memory performance. Poor verbal memory performance represents a risk factor for worse treatment response to trauma-focused psychotherapy. Memory measures can be helpful in determining which patients are unable to benefit from trauma-focused psychotherapy. Future research should explore how treatment perspectives of patients with poor verbal memory can be improved. trauma survivors, and in particular trauma survivors with PTSD, show reduced specificity in their recall of personal semantic information. Furthermore, among these trauma survivors, those with PTSD showed relatively reduced personal semantic knowledge recall compared to the survivors without PTSD.

Keywords: PTSD, Memory, Semantic Knowledge.

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